

COUNTY BOROUGH OF BOOTLE.



ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR 1924.

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**School Medical Officer, Medical Officer of Health, Administrative
Tuberculosis Officer, and Medical Superintendent of Corporation
Hospital and Sanatorium.**

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**Members of the Elementary Education Sub-Committee.*

ELEMENTARY EDUCATION SUB-COMMITTEE.

Mr. ALDERMAN BARBOUR, Chairman.

Mr. T. W. CORLETT, Deputy-Chairman.

January, 1925

*To the Chairman and Members of the
Education Committee.*

LADIES AND GENTLEMEN,

I have the honour to present the seventeenth Annual Report on the Medical Inspection of School Children in the Borough.

The nature of the work summarised herein differs in no essential feature from that of the last few years. Those in closest touch with it will best realise the significance of the figures in the body of the Report, which show, amongst others things, some 4,000 children medically examined at routine inspections, 2,700 treated for defective teeth, more than 1,600 treated for defects of the eyes, 100 treated for adenoids or enlargement of the tonsils, and some 2,000 treated for various minor ailments; and a little reflection will give general cause for satisfaction that there exists so efficient a machinery for relieving and preventing the physical and mental handicaps to which these figures bear witness.

I wish to acknowledge my indebtedness to the Chairman and Members of the Elementary Education Sub-Committee for the attention given to my suggestions, and to offer acknowledgment to Mr. S. Clarke Secretary for Education, and to the teachers of the Borough for help freely afforded to myself, to Dr. Davies, and to the other members of the staff, all of whom have continued to give excellent service.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. T. H. WOOD,

School Medical Officer.

STAFF:—

School Medical Officer and Medical Officer of Health—

F. T. H. WOOD, O.B.E., M.D., B.S., B.Sc. (Lond.), D.P.H. (Durh.).

*Assistant School Medical Officer and Assistant Medical
Officer of Health—*

P. DAVIES, M.C., M.B., Ch.B. (Edin), D.P.H.

School Nurses—

MISS HUGHES, MISS THOMAS, MISS DAVIES.

Clerks—

MISS WILSON, MISS O'CONNOR, MISS MAXWELL (half-time).

PART-TIME OFFICERS:—

Medical Officer, Girls' Secondary School—

MISS D. M. CASSADY, M.B., Ch.B., D.P.H. (L'pool).

*Ophthalmic Surgeon—*E. ALLEN, M.B., Ch.B. (Edin.).

*Throat Surgeon—*C. YORKE, F.R.C.S

Dental Surgeons—

A. E. MEESON, B.D.S.; R. E. COOK, L.D.S.

*Orthopaedic Surgeon—*T. P. McMURRAY, M.B., B.A.O., M.Ch.

*For Remedial Exercises—*MISS CHUCK.

COUNTY BOROUGH OF BOOTLE.

Number of Schools and Children—

	Number.	Accom- modation.	Mean No. on Rolls.	Average Attendance
Council Schools	7	7474	6700	6100
Church of England Schools ...	3	2407	2233	2023
Roman Catholic Schools ...	3	2976	3364	3003
	—	—	—	—
	13	12857	12297	11126
	—	—	—	—
Secondary and Junior Tech- nical Schools	3	—	855	—

School Attendance.—The average percentage for the year was 90·4 which, although slightly below the figure for the previous year, may be regarded as satisfactory, and is above the average for the country. The highest percentage was obtained in September with 91·7, and the lowest was in July with 88·9. At no time of the year was there any noteworthy drop in the attendance. Considering the exceptionally wet weather throughout the year, the usual good record may be regarded as having been maintained.

Cost.—I am indebted to the Borough Treasurer for the following—

The rateable value of the Borough in 1924-25 was £601,571 15s. 0d.

The gross cost of Medical Inspection for the twelve months ended March 31st, 1924, was £2,895 13s. 2d., compared with £2,941 3s. 7d. in the preceding year; the Government Grant was £1,419 12s. 10d., sundry receipts totalled £56 7s. 6d., hence the net cost was £1,419 12s. 10d.

The grant, as in previous years, was at the maximum rate of 50 per cent. of the net expenditure.

The cost under this head per child on the school rolls was 4s. 7·39d. gross and 2s. 3·19d. net, and the cost as a decimal part of a penny rate was 1·314d. gross and 0·644d. net.

(a) Particulars of the Staff of the School Medical Service and of the arrangements for the co-ordination of its work with that of other Health Services.

The general organisation, by which the Medical Officer of Health as School Medical Officer was responsible for the administration of School

Medical Inspection, and for its co-ordination with the other health services of the town, remained unchanged throughout the year.

The greater part of the executive work continued to be done by the Assistant School Medical Officer devoting seven-elevenths of his whole time to School Medical work and the remainder to Maternity and Child Welfare duties. The School Medical Officer undertook the medical inspection and re-inspection in the Junior Technical School and in the Secondary School for Boys, together with the medical work in connection with the Special Classes and with the Mental Deficiency Act. Dr. Purser Davies undertook the medical inspection and re-inspection in the Elementary Schools as well as the rendering of some assistance in the Secondary School for Boys. Dr. Doris M. Cassady continued to carry out the medical duties in the Secondary School for Girls, and was so engaged for ten half-days up to the end of the year. The Specialist Staff remained unchanged.

(b) Medical Inspection—Description of Arrangements made and methods adopted for the Medical Inspection of the Children.

The medical inspection of entrants, eight year olds (children born during 1915) and "leavers" (children born before 31st December, 1911, who had not previously been examined as "leavers") as required by the Code, has been carried out in accordance with the Board's schedule. Table I. below shows that 3,778 children were medically inspected in the Code age groups, a decrease from the figure of 4,134 of last year, due to a fall in the number of entrants and eight year olds; this represents 34.0 per cent. of the average attendance, as compared with 36.0 per cent. in 1923.

BOARD OF EDUCATION—TABLE I.
RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	...	...	...	...	...	...	...	1296
Intermediates	...	...	...	...	...	...	...	1262
Leavers	...	...	...	...	...	...	...	1220
								—
Total							...	3778
								—

Number of other Routine Inspections —

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	.	...	3638
Number of Re-Inspections	...	...	...	...	7174
					<hr/>
Total				...	10812
					<hr/>

C.—HIGHER EDUCATION

Number of Routine Inspections—

Secondary School for Boys	...	...	...	...	241
Secondary School for Girls	...	...	...	...	157
Junior Technical School	...	...	...	...	60
Number of Re-Inspections	...	...	...	...	388

Special Examinations — The number of children presented for special examination was 3,638, as compared with 3,658 in the preceding year; 3,419 of these were seen at the Inspection Clinic held daily in the School Medical Offices, while the remaining 219 were presented at schools in the course of routine visits. The Inspection Clinic serves as a clearing house from which children are referred for medical treatment when required, and at which opinions are given as to the fitness for attendance of children sent by the School Attendance Sub-Committee, Magistrates, or Teachers.

The following table classifies the source of reference:—

Parents	...	...	...	...	1509	or	44.1 %
Teachers	...	...	...	...	1233	,,	36.0 %
School Nurses	...	...	...	...	570	,,	16.6 %
School Attendance Officers	...	...	...	...	107	,,	3.1 %

Re-Examinations. — 7,174 re-examinations of children, who on examination were referred for treatment or further observation, were made during the year, as compared with 5,480 during 1923; 5,409 during 1922; 5,398 during 1921; and 5,808 during 1920; 3,867 of these were performed at the schools, and 3,307 at the School Medical Offices.

Work of Past Years.—The following table shows the total number of examinations since the inauguration of School Medical Inspection in 1908; it will be seen that the volume of work done during the year under review again exceeded that of any preceding year.

Year.	Routine Inspections.	Special Examinations.	Re- Examinations.	Secondary Schools (Routine).	Junior Technical School.	Totals.
1908	1565	—	—	—	—	1565
1909	2550	408	—	—	—	2958
1910	2049	—	—	—	—	2049
1911	2920	515	1119	—	—	4554
1912	3966	648	3170	—	—	7784
1913	3488	762	3490	—	—	7740
1914	3349	1073	2871	—	—	7293
1915	2955	1200	2754	—	—	6909
1916	3217	1209	3517	—	—	7943
1917	2960	1375	4725	—	—	9060
1918	2684	999	3846	—	—	7529
1919	3683	1549	4563	765	—	10560
1920	3687	2264	5808	365	135	12259
1921	3929	2347	5398	338	69	12081
1922	4023	2386	5409	480	81	12379
1923	4134	3658	5480	337	73	13682
1924	3778	3638	7174	398	60	15048

(c) Findings of Medical Inspection—Review of the facts disclosed by Medical Inspection.

Table II., which follows, is a summary of the defects noted at both routine and special examinations, and shows that 6,310 defects were referred for treatment or further observation.

The more important percentages of physical defects this year are as follows (the figures for 1923 being shown in parentheses):—Malnutrition 5·9 per cent. (14·3); defective vision and squint 21·1 per cent. (19·7); external eye disease 6·1 per cent. (6·6); enlarged tonsils 7·6 per cent. (11·2); adenoids 4·3 per cent. (5·6); organic heart disease 1·05 per cent. (0·9); anaemia 8·3 per cent. (2·8); and lung disease 10·4 per cent. (10·1).

Children referred for treatment or further observation constituted 40·6 per cent. of the entrants examined, 55·7 per cent. of the eight-year-old boys, and 58·3 per cent. of the eight-year-old girls, together with 52·2 per cent. of the leaving boys and 53·2 per cent. of the leaving girls; or 50·0 per cent. in all, as compared with 56·3 per cent. in 1923.

BOARD OF EDUCATION.—TABLE II.

(A)—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

DISEASE OR DEFECT.				ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
				No. of Defects		No. of Defects	
				Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
(1)				(2)	(3)	(4)	(5)
Skin	Mal-nutrition	...	...	1	2	8	3
	Uncleanliness :—						
	See Table IV., Group V.			—	—	—	—
	Ringworm :—						
	Scalp	...	...	2	—	53	—
	Body	...	...	—	—	60	—
	Scabies	...	...	—	—	18	—
	Impetigo	...	...	34	—	519	—
	Other Diseases (Non-Tuberculous)	...	...	44	—	579	1
	Blepharitis	...	...	79	1	138	—
Eye	Conjunctivitis	...	...	12	—	137	—
	Keratitis	...	...	1	—	2	—
	Corneal Opacities	...	...	2	1	18	1
	Defective Vision (excluding Squint)			384	37	168	4
	Squint	...	...	55	2	41	—
Ear	Other Conditions	...	...	4	8	29	2
	Defective Hearing	...	...	23	13	6	—
	Otitis Media	...	...	59	8	105	2
	Other Ear Diseases	...	...	516	4	178	2
	Enlarged Tonsils only	...	...	12	250	56	48
Nose and Throat	Adenoids only	...	...	1	4	15	7
	Enlarged Tonsils and Adenoids	...	...	2	31	3	6
	Other Conditions	...	...	16	132	191	2
	Enlarged Cervical Glands (Non Tuberculous)	...	...	2	3	18	66
Teeth—	Defective Speech	...	...	—	14	—	10
	Dental Diseases	...	...	240	—	582	—
	See Table IV., Group IV.						
	Heart Disease :—						
Heart and Circulation	Organic	...	...	—	30	1	11
	Functional	...	...	—	23	2	16
	Anæmia	...	...	42	1	83	5
Lungs	Bronchitis	...	...	37	82	156	53
	Other Non-Tuberculous Diseases	...	...	11	43	3	3
	Pulmonary :—						
	Definite	...	...	1	—	6	—
Tuber- culosis	Suspected...	...	...	—	—	—	—
	Non-Pulmonary :—						
	Glands	...	...	1	—	8	—
	Spine	...	...	—	—	4	—
	Hip	...	...	—	—	—	—
	Other Bones and Joints	...	...	—	—	4	—
	Skin	...	...	—	—	—	—
Nervous System	Other Forms	...	...	—	—	—	—
	Epilepsy	...	...	—	4	1	6
	Chorea	...	...	—	1	6	3
	Other Conditions	...	...	1	3	—	7
	Deformities :—						
	Rickets	...	...	6	—	9	—
	Spinal Curvature	...	...	13	15	13	1
Other Defects and Diseases	Other Forms	...	...	11	5	69	3
	Other Defects and Diseases	...	...	28	8	370	24

(B)—NUMBER OF INDIVIDUAL CHILDREN FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Uncleanliness and Dental Diseases).

GROUP (1)	NUMBER OF CHILDREN		Percentage of Children found to require Treatment (4)
	Inspected (2)	Found to require treatment (3)	
CODE GROUPS :—			
Entrants	1296	264	20·3
Intermediates	1262	487	38·5
Leavers... ..	1220	447	36·6
Total (Code Groups)	3778	1198	31·7
Other Routine Inspections	—	—	—

Nutrition.—The assessment of the child's nutrition has a double importance, inasmuch as individual variation from the normal should receive attention in the interests of the child, while any mass variation from year to year calls for careful consideration by those responsible for the framing and administration of schemes of public assistance. Unfortunately, there are no hard and fast lines of guidance by which a judgment of nutrition may be arrived at, and it is satisfactory to know that the Board of Education is giving consideration not only to the establishment of "norms" in regard to height and weight, but to the investigation of the methods usually adopted for the estimation of conditions of nutrition. Meanwhile, there remains only the personal judgment of the examining Medical Officer, which is liable to be unconsciously influenced by the type of child prevailing at the school or in the neighbourhood in which he is for the time working.

Each child seen at medical inspection is graded in this regard into one of four categories, and those placed in the lower two are considered to be ill-nourished; the figures for 1924 show that 224 children, or 5·9 per cent. of those examined, were so classified. This figure contrasts rather markedly with the experience of the previous year, when 14·3 per cent. were regarded as ill-nourished, although any conclusions from these figures require examination in the light of estimations of the average weight of each age-group examined. These

figures are given in the following Table, and are contrasted with those obtained in 1920 for similar age groups; it will be seen that the comparison is in favour of 1924, although the superiority of the twelve-year-olds is not so marked as was the case in 1923.

After full consideration of the available data one is probably justified in saying that the physical effects of the unemployment and financial depression which date from 1921 have been neutralised in the case of the children by the various schemes of public assistance, and have not included any substantial depreciation of their general nutrition.

COMPARATIVE WEIGHTS (IN KILOGRAMS) IN 1924 AND 1920.

AGE Last Birthday	BOYS		GIRLS	
	Number Examined	Average Weight	Number Examined	Average Weight
5 in 1924	443	18.1	418	17.6
5 in 1920	463	18.1	471	17.5
8 in 1924	624	24.5	638	23.7
8 in 1920	395	23.2	423	22.8
12 in 1924	576	32.7	640	34.2
12 in 1920	433	32.3	391	32.5

Clothing and Footwear.—As usual, the examining Medical Officer noted the errors of clothing to be rather on the side of excess; very few indeed of the children were considered to be insufficiently clad. The number of bare-footed children, which is of hygienic significance only in the winter time, was entered as 2.7 per cent.

The Schools' Clog Clubs carried on their useful work during the year, and 595 pairs of clogs were issued, including 248 free pairs. This is considerably less than the number issued in the previous year, and bears testimony to improved economical conditions. Through the agency of the Clubs, children pay in small sums each week for clogs, which are supplied below cost price. The balance is made up from the School Canteen Committee's Footwear Account, which is assisted by various charitable efforts. Free distribution of clogs is made from the Education Offices, and only after strict investigation by the Teachers

and the School Attendance Officers is an order issued by the Secretary for Education. To ensure prolonged life of the clogs children are given free coupons for re-ironing, and only in very exceptional cases is more than one pair of clogs required for a winter season. The operations of the Clog Clubs are suspended during the warmer months of the year. The balance which had to be found to meet the Footwear Account from private sources for the winter season 1923/24 was £207.

Cleanliness.—The system of granting free tickets to selected children enabling them to visit the Public (Hot) Baths, which has been in operation for two years, has been carried on, and is much appreciated. During the year the number of tickets used was:—

Balliol Road Baths	...	...	808 (686 boys, 122 girls).
Marsh Lane Baths	...	...	1592 (1297 boys, 295 girls).

The results of the routine medical inspections record dirty conditions as follows:—

Of the children examined 14, or 0·37 per cent., were verminous.

Of infant boys examined 27, or 4·05 per cent., had nits.

Of infant girls examined 240, or 38·0 per cent., had nits.

Of senior boys examined 35, or 6·05 per cent., had nits.

Of senior girls examined 306, or 47·6 per cent., had nits.

The numbers of boys and girls flea-bitten were 59 and 85 respectively; one-quarter of these were badly affected.

During the year the attempt to stimulate public opinion in regard to the importance of personal cleanliness has been continued, and the unfairness of the conduct of the careless parents towards those who do strive to keep their children clean has been emphasised on all possible occasions.

Sixty-three children were found to be in a verminous state when presented for the routine medical inspection at school, 61 being infested with scalp vermin, and 2 with body vermin. In 57 of the cases statutory notices under Section 87 of the Education Act, 1921, were served on the parents or guardians, and detailed instructions were supplied in each case for the carrying out of cleansing. The children were excluded from school, and re-examined at the school clinic after an interval of not less than twenty-four hours. In 12 cases on re-

inspection the children were found to be still infested with lice, and were cleansed by the school nursing staff at the clinic under the direction of the Medical Officer, in accordance with powers conferred under the Education Act. This cleansing was done, not as a relief to lazy or careless parents, but as being a necessary step in procedure whereby an offence under the Act could be established.

At later dates these twelve cases were further re-inspected, and in four of them a verminous condition was found again to exist; legal proceedings were accordingly taken, and fines of five shillings were inflicted in three cases, and the maximum penalty of ten shillings in the fourth. The publicity obtained has had good effect in the parts of the Borough concerned, as is demonstrated by the increased readiness of parents in general to follow the instructions of the school nurses.

The Table below (Table IV., Group V.) sets out in the form required by the Board of Education particulars of the work done in the treatment of uncleanliness.

TABLE IV., GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	24
(ii.) Total number of examinations of children in the Schools by School Nurses	19,100
(iii.) Number of individual children found unclean	2,770
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	12
(v.) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921	4
(b) Under School Attendance Byelaws	—

The following table summarises the results obtained by the systematic "vermin surveys" which the school nurses undertake twice yearly, and which they follow up by subsequent visits of re-inspection in the schools, together with warning notes or verbal instruction in the homes where necessary. The progressive improvement so brought about is obvious.

UNCLEANLINESS OF HEADS.

	First Half-Year.				Second Half-Year.			
	First Examination	Second Examination	Third Examination	Fourth Examination	First Examination	Second Examination	Third Examination	Fourth Examination
Number examined ...	6218				6621			
Number with few "nits"	478	474	540	539	515	571	620	497
Number with "nits" more numerous...	645	407	298	203	670	477	405	203
Number with lice and nits	195	70	74	33	267	71	42	9

Enlarged Tonsils, Adenoids, and Mouth Breathers.—Unhealthy conditions of the throat and naso-pharynx were recorded in 19·2 per cent. of the children examined at routine inspections. This figure included 7·6 per cent. where enlargement of the tonsils only was recorded, 4·3 per cent. where excess of adenoid tissue alone was present, and 4·5 per cent. in which both adenoids and enlargement of tonsils were detected. In 0·4 per cent. only was the condition considered to require immediate operative treatment, while the remainder were kept under observation for varying periods, some undergoing courses of remedial exercises before operation was advised.

At the special examinations there were 104 cases of enlarged tonsils, 22 cases of adenoids, 9 cases of both enlargement of tonsils and presence of adenoids, and 193 other unhealthy conditions of the nose and throat; the majority of these were referred for treatment.

Pulmonary Tuberculosis.—At the routine inspections one child was found to be suffering from pulmonary tuberculosis, while six definite and no suspected cases were discovered as a result of special inspections undertaken.

Other Forms of Tuberculosis.—One case of tubercular disease of the glands was noted at routine inspections.

The special inspections revealed 16 cases of tuberculous conditions.

Skin Diseases.—At the routine examinations, 78 cases of skin disease, excluding ringworm, were noted, including 34 of impetigo, 13 of septic conditions, and two of alopecia.

At special examinations 519 cases of impetigo, including 257 of septic conditions, 90 of dermatitis, 47 of herpes, 38 of sores, 18 of scabies, 18 of boils, 76 of eczema, 9 of seborrhœa, 10 of alopecia, 11 of warts, were noted, together with 25 miscellaneous conditions.

Scabies.—The progressive fall in the incidence of scabies which has been reported for the last two years has been sustained, there being only 18 cases noted as specials, and none at routine examinations, as contrasted with 81 and 5 respectively during 1921.

Ringworm.—There were two cases of ringworm of the scalp and none of the body seen at routine examinations; 53 cases of scalp ringworm and 60 cases of body ringworm were presented for special examination. The more extensive cases were referred for X-Ray treatment at the Bootle Borough Hospital, 23 cases being so sent.

External Eye Disease.—Inflammatory conditions of the external eye were noted in 96 cases at routine inspections, and 296 cases at special examinations. Other eye diseases, excluding refractive errors and squint, were noted in 12 cases at routine inspections, and 31 cases at special inspections.

Defective Vision.—The routine test of vision was not conducted in entrants below the age of seven years, although such children were examined if there were reason to suspect visual defects; in all other groups testing by Snellen's types at a distance of 20 feet was carried out.

25·6 per cent. of the leaving boys and 32·2 per cent. of the leaving girls on this test had defective vision to a degree requiring a complete working out of the refraction and the use of glasses if then found necessary. 29·4 per cent. of the intermediate group of boys (aged 8 to 9) and 34·7 per cent. of the intermediate group of girls were similarly found to have defective vision.

Squint and Muscular Defects.—Fifty-seven cases of squint were found at routine examinations and 41 amongst the special cases.

Ear Diseases and Hearing—In the intermediate and leaving groups of children examined the “forced whisper” test of hearing was carried out as a routine, but in the entrant group it was applied only in special cases. Hardness of hearing as determined by this test was recorded in 11·4 per cent. of the boys and in 9·1 per cent. of the girls, and in 16 instances, or 0·4 per cent., was so marked that a forced whisper, normally heard at 20 feet, was perceived only at a distance of five feet or less.

There is no doubt that these minor degrees of deafness are often overlooked, although their presence is of considerable importance on account of the hindrance offered to educational progress, to social intercourse, and to success in the labour market. In many instances obstruction of the external ear canal by impacted wax is the underlying cause of the deafness, and the frequency of this condition in school children is demonstrated in the table below.

Otorrhœa, or suppurating ear discharge, was found to occur in 67 cases at routine examinations, i.e., 1·8 per cent. of those examined, while 107 cases were seen at special inspections. A note on treatment is given on page 24.

DISEASE OF EXTERNAL AND MIDDLE EAR:

	Entrants (4—6 years)		Intermediates (8 years)		Leavers (12 years)		All Ages	
	Boys	Girls	Boys	Girls	Boys	Girls	Cases	Per- centages
NUMBER EXAMINED ...	666	630	624	638	578	642	3778	—
Ear Discharge (both ears) ...	5	2	2	3	1	1	14	0·4
„ (one ear) ...	10	9	7	10	7	10	53	1·4
„ Total cases ...	15	11	9	13	8	11	67	1·8
Impacted Wax (both ears) ...	43	42	48	66	63	54	316	8·3
„ (one ear) ...	10	8	57	41	55	49	220	5·8
„ Total cases ...	53	50	105	107	118	103	536	14·2
IMPAIRED HEARING :—								
15 feet {	Both ears ...	—	27	22	14	13	76	2·0
	One ear ...	—	11	17	17	19	64	1·7
	Total cases...	—	38	39	31	32	140	3·7
10 feet {	Both ears ...	—	19	11	12	4	46	1·2
	One ear ...	—	19	14	11	10	54	1·4
	Total cases...	—	38	25	23	14	100	2·6
5 feet {	Both ears ...	—	3	5	2	—	10	0·3
	One ear ...	—	—	3	3	—	6	0·2
	Total cases...	—	3	8	5	—	16	0·4

Dental Defects.—At the routine inspections, 23·7 per cent. of the boys and 21·4 per cent. of the girls had four or more unsound teeth; these figures were obtained by medical examination without a dental mirror or probe, and details of the School Dentists' results will be found on page 27.

Deformities and Crippling Defects.—At routine examinations 505 children were noted as suffering from rickets, of whom six were noted as likely to benefit from medical or surgical treatment. Other deformities included five cases of infantile paralysis, and four of cleft palate.

Amongst the special cases were 23 of infantile paralysis, 12 of other varieties of paralysis, 7 of torticollis, and 2 of corea vara.

Other Defects and Diseases.—Under this heading amongst the routine examinations are included nine cases of enlarged thyroid, nine of enuresis, and four of hernia.

At the special examinations there were 26 children suffering from mumps, 14 from whooping cough, 10 from chickenpox; with 109 cases of gastritis, 9 of enlarged glands, 6 of enuresis, and 8 of goitre.

At the request of the Board of Education a special note was made of all cases of enlargement of the thyroid gland visible to the naked eye which were observed on routine inspection of children aged twelve; it was found that 4 out of 578 boys, or 0·6 per cent., and 80 out of 642 girls, or 12·4 per cent., showed thyroid enlargement so defined.

(d) Infectious Disease—Review of the action taken to detect and prevent the spread of Infectious Diseases.

The co-ordination between the School Medical Services and the Public Health Department in the administrative control of infectious disease is complete; all cases of disease concerning school children which are notified by medical practitioners are reported to the Head Teachers by the Medical Officer of Health through the School Medical Office, and the necessary exclusion certificates under Article 53 (b) of the Code are forwarded to them, and to the Attendance Department. Further, information obtained from parents under the Bootle Corporation Act, 1920, or otherwise, by the Head Teachers or the Attendance Department, of the presence of infectious disease amongst scholars is

reported to the Medical Officer of Health, and enables him to give, through the Health Visiting Staff, necessary hygienic and nursing advice at the time enquiries are made to determine the period of exclusion.

Exclusion of Sick Children.—2,507 children were excluded from school during the year in accordance with the provision of Article 53 (b) of the Code; 40 of the 71 children who had been excluded before the end of 1923 returned to school in 1924, and the total absence is included in the table below. Of the other 31, 4 had left school, 5 had died, and the remaining 22 were still out of school at the end of 1924. One boy was excluded permanently from school during 1924, and four others were excluded half-time from school. At the end of 1924 there were 100 children excluded from school; their absences are not included in this table.

It will be noted that the total number of school days lost through sickness coming under the notice of the School Medical Officer, mainly from diseases of an infectious nature, was 29,530, approximately the same as last year. Tuberculosis was responsible for a larger number of absences than any other infectious disease, although the number of children affected was by no means the greatest.

It was not found necessary to close any School or Department for infectious disease during the year.

EXCLUSION TABLE, 1924.

Disease.				No. Excluded	Total No. of School Days Excluded	Average No. of Days Excluded
Typhoid Fever	Patient	...	...	1	33	33.0
do.	Contact	..	...	1	33	33.0
Scarlatina	Patients	...	...	173	4572	26.4
do.	Contacts	...	...	290	2669	9.2
Diphtheria	Patients	...	...	16	346	21.6
do.	Contacts	...	...	85	640	7.5
Measles	Patients	...	...	151	1626	10.7
do.	Contacts	...	...	42	334	8.0
Whooping Cough	Patients	...	..	56	778	13.8
do.	Contacts	...	...	4	36	9.0
Chickenpox	Patients	...	..	51	503	9.3
do.	Contacts	...	..	12	125	10.4
Mumps	Patients	...	...	117	1304	11.1
Ringworm (body)	...	...	...	53	318	6.0
Phthisis	...	...	...	15	2684	179.0
Conjunctivitis	...	...	...	81	360	4.4
Blepharitis	...	...	...	8	67	8.4
Bronchitis	...	...	...	83	584	7.0
Chorea ...	...	...	...	6	125	20.8
Impetigo	...	...	...	572	3017	5.3
Septic Sores	...	...	..	—	—	—
Scabies	...	...	...	16	70	4.3
Non-Pulmonary Tuberculosis	..			40	5538	138.4
Debility (including suspected tuber- culosis)	...	...	...	31	940	30.3
Anaemia	...	...	...	12	110	9.1
Other Diseases	...	...	...	483	2718	5.6
Totals	...	...	...	2402	29,530	12.3

Scarlet Fever.—The number of cases notified amongst children of school age was 187, compared with 153 in 1923, and 218 in 1922. The incidence was heaviest in the second quarter, when Linacre Council School and St. James' R.C. School showed numbers above the general average.

Diphtheria.—Twenty-three cases of diphtheria occurred in children of school age, compared with 37 in 1923, and 45 in 1922. The cases were evenly distributed throughout the year, and no one school was particularly affected.

Measles.—A minor outbreak of measles, carried on from the fourth quarter of 1923, continued during the first half of the year, and by the end of June 126 cases in school children had been reported. By the end of the year, only 11 additional such cases came to light, but there were signs of an approaching rise in the New Year. The schools most affected were Gray Street, Hawthorne Road and Salisbury Road Council Schools.

Chickenpox.—Fifty-six cases of chickenpox were reported during the year, as against 65 in 1923. Almost one-half of the cases occurred in the first quarter of the year.

Whooping Cough.—A small outbreak of whooping cough occurred in the first half of the year, during which 49 cases were reported, out of a total of 54 which occurred during the year; this figure is slightly less than last year.

The following table gives the schools from which cases and contacts of cases of infectious disease were notified:—

School	Measles			Whooping Cough			Chickenpox			Mumps
	Cases	Con-tacts	Total	Cases	Con-tacts	Total	Cases	Con-tacts	Total	
Balliol	1	—	1	8	—	8	1	—	1	4
Bedford Road	9	—	9	5	—	5	2	1	3	5
Christ Church	15	1	16	8	1	9	9	—	9	2
Gray Street	28	6	34	1	—	1	16	6	22	2
Hawthorne Rd.	22	4	26	1	—	1	4	—	4	14
Linacre	12	6	18	6	—	6	7	—	7	1
Orrell	11	5	16	5	2	7	7	3	10	48
St. James'	3	2	5	—	—	—	2	1	3	3
St. James' Select	2	—	2	—	—	—	—	—	—	—
St. John's	3	1	4	4	—	4	4	—	4	3
St. Mary's	5	6	11	1	—	1	1	—	1	—
St. Winefride's	1	2	3	5	—	5	—	—	—	4
Salisbury Road	25	4	29	10	—	10	3	—	3	6
Totals	137	37	174	54	3	57	56	11	67	92

(e) Following-up: Review of the Arrangements for the following-up of Children suffering from Physical Defects, including a summary of the work undertaken by School Nurses.

The scheme of following-up children suffering from various defects, by the verbal or written advice of the Medical Officer or School Nurse, coupled with re-inspections each term, remains as described in previous

Annual Reports. In the course of their following-up work the School Nurses paid 2,189 visits to the home to explain the need for treatment and the way in which it could be obtained. The other duties of the School Nurses include work at the treatment clinics and in connection with cleanliness and infectious disease, as alluded to elsewhere in this report.

(f) Review of the Methods employed or available for the treatment of Defects, and a statement of the ascertained results of treatment.

The various sections of Table IV. (pages 14, 23, 24, 26, and 27) which follow show the very large part played by the School Clinic in providing treatment for defects brought to light during inspection, and represent increases in the work of the Dental and Throat Clinics, with decreases in the Minor Ailments and Remedial Exercises Clinics. In addition to the groups of defects specified in the Board's table, it may be noted that the following-up registers show 177 miscellaneous cases to have received treatment from local hospitals, 40 from local medical practitioners, 80 through the Liverpool Child Welfare Association, and 466 from other agencies, including home treatment.

The following table gives a summary of the work of the treatment clinics during 1924:—

					Cases.	Attendances.
Minor Ailments Clinic	...	...	...	...	2004	10930
Throat Clinic	...	...	...	...	227	323
Ophthalmic Clinic	...	...	...	...	1654	2410
Dental Clinic	...	...	...	...	2285	3798
Remedial Exercises Clinic	...	...	...	...	255	3571
Total					6425	21032

The figures of cases and attendances respectively for past years have been:—

					Cases.	Attendances.
1915	...	...	...	...	1135	3467
1916	...	...	...	...	1490	8073
1917	...	...	...	...	1551	9561
1918	...	...	...	...	2121	10474
1919	...	...	...	...	3685	17795
1920	...	...	...	...	4710	18294
1921	...	...	...	...	5142	19417
1922	...	...	...	...	5675	20713
1923	...	...	...	...	7006	26550

Minor Ailments Clinic. The attendances at this Clinic, held daily at 8-30 a.m. in the School Medical Offices, show a very large decrease to 10,930 from 16,284 the previous year; and it may be hoped that this represents a real decrease in the incidence of what are, in the main, dirt diseases. Impetigo of the head or body and septic skin conditions in general were responsible for one-half of the attendances, while conjunctivitis and other diseases of the external eye were responsible for another one-sixth.

TABLE IV., GROUP I.—MINOR AILMENTS TREATMENT
TABLE (excluding Uncleanliness, for which see Group V.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under Local Education Authority's Scheme	Otherwise	Total
<i>Skin—</i>			
Ringworm—Scalp	54	—	54
Ringworm—Body	61	—	61
Scabies	18	—	18
Impetigo	545	10	555
Other Skin Disease	269	42	311
<i>Minor Eye Defects</i> (external & other, but excluding cases falling in Group II.).	312	52	364
<i>Minor Ear Defects</i>	601	99	700
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores, chilblains, etc.).	375	31	406
Totals	2235	234	2469

Aural Clinic.—A special clinic for ear cases is held on Saturday mornings, and intermediate treatment is given daily when necessary at the Minor Ailments Clinic; in addition certain cases of ear discharge selected for electrical treatment receive attention from a trained worker in electro-therapeutic methods.

The treatment by zinc ionisation, as given to suitable cases, consists in passing an electric current of 3 milli-amperes for ten minutes through the ionising fluid (5 grams of zinc sulphate to 1,000 c.c. of water) contained in the external ear channel.

It had previously been found that a current of more than 2 milli-amperes caused discomfort, apparently due to a short-circuiting to the

tissues of the outer ear; this has now been obviated by lengthening the positive electrode and preventing the moist surface on the outside of the speculum acting as a conductor.

In cases of double otorrhœa it has been found better to carry on ionisation treatment on one ear at a time, the other receiving routine cleansing treatment. In all, 29 discharging ears have been treated, the duration of discharge dating from six weeks to eight years previously; 16 cases were cured, 7 of them in four or fewer repetitions of the treatment; 2 ceased attendance before completion, and 11 cases were carried on to the New Year.

Apart from cases in which cure could reasonably be expected, this ionisation treatment has been found of value in certain cases of long-standing otorrhœa, with almost complete disappearance of the ear drum; if, as is often the case, the discharge has been offensive and thick, sterilisation has been effected and the discharge has become thin and inoffensive.

Throat Clinic. Cases considered at routine or special examinations to require operative treatment for adenoids and enlarged tonsils are reviewed later by the Assistant School Medical Officer and the consulting laryngologist before operation; anaesthesia is obtained by nitrous-oxide gas, and the children are removed to their homes by ambulance after several hours' rest in the recovery room. Detailed instructions for after-treatment are given, and include the practice of breathing exercises at the Remedial Exercises Clinic. During the year 96 cases were successfully operated upon.

TABLE IV. GROUP III.—DEFECTS OF NOSE AND THROAT
TREATMENT TABLE.

Number of Defects.				
Received Operative Treatment			Received other forms of Treatment	Total number treated.
Under Local Education Authority's Scheme—Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total		
96	—	96	259	355

Ophthalmic Clinic.—The total number of children seen at the Ophthalmic Clinic in the course of the year was 1,654, compared with 1,626 in 1923. Apart from 492 new cases, there were 148 who were still under treatment on 31st December, 1923, together with 1,014 for whom glasses had been prescribed in previous years, and who came for their eyes to be re-tested, and 17 old cases of external eye disease who re-attended during 1924. The total number of attendances at the Clinic was 2,410, compared with 2,359 in 1923.

The table below classifies the conditions for which treatment was sought at the Clinic:—

	Discharged after appropriate treatment.	Under treatment, 31st Dec., 1924.
<i>Eye Diseases—</i>		
Blepharitis	5	5
Phlyctenular Conjunctivitis ...	8	3
Conjunctivitis—other forms ...	10	—
Corneal Ulceration	9	3
Other Eye Diseases	9	4
	41	15
<i>Examined for Refractive Errors—</i>		
Emmetropia (Normal Vision) ...	168	—
Simple Hypermetropia (Long Sight)	79	24
Simple Hypermetropic Astig- matism	60	21
Compound Hypermetropic Astig- matism	44	19
Mixed Astigmatism	62	11
Myopia (Short Sight)	33	11
Compound Myopic Astigmatism	10	9
Under Observation	8	2
Retinoscopy not taken and un- completed cases	—	23
	464	120
Totals	505	135

The table does not include particulars of the 1,014 children who attended to have their vision re-tested after having worn spectacles for six or more months; in 268 of these cases a new prescription was necessary. Spectacles were supplied free in 77 instances after careful enquiry into the family circumstances.

In 136 of the children who attended the Ophthalmic Clinic the error of refraction was serious, and exceeded five dioptries: in 101 of these the appropriate glasses had been prescribed and obtained by the end of the year, and in the other cases suitable action has been taken.

A commencement was made at the end of the year with the operative treatment of cases of squint among the leaving age group. Although the Education Authority can provide no facilities for this work it can be undertaken through the association of the School Ophthalmic Surgeon with a local voluntary hospital, and, so far, five cases have had their eyes straightened, much to their personal satisfaction and to their material advantage in seeking employment.

TABLE IV., GROUP II.—DEFECTIVE VISION AND SQUINT TREATMENT TABLE (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Disease or Defect.	Number of Defects dealt with.			
	Under Local Education Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from Authority's Scheme	Otherwise.	Total.
Errors of Refraction (including Squint) (Operations for squint are recorded separately in the body of the Report)	1598	—	7	1605
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	56	—	—	56
Total ...	1654	—	7	1661

Total number of children for whom spectacles were prescribed—

- (a) Under the Authority's Scheme 663 (includes 280 subsequent prescriptions for cases previously treated).
- (b) Otherwise 9.

Total number of children who obtained or received spectacles—

- (a) Under the Authority's Scheme 561 (includes 273 where spectacles had previously been obtained).
- (b) Otherwise 9.

Dental Defects.—Seven sessions weekly were devoted throughout the year to school dental work, Mr. Meeson continuing to give five half-days and Mr. Cook two half-days weekly.

The number of children whose mouths were inspected for the first time was 1,226, as against 1,233 during 1923, and 3,582 who had been inspected in previous years were re-inspected, as against 2,723 during 1923; of the total age groups, 3,610 were referred for treatment. In addition, 444 emergency cases were presented for treatment at the Dental Clinic; dealing with these emergency cases can hardly be classified as preventive dentistry, however much the child is relieved at the time, and any increase in their number would call for serious consideration, as throwing the working scheme out of gear.

A full tabular statement of the work of the clinic follows, and shows a further rise in the number of cases actually treated to ~~2,789~~ **2429**, as compared with 2,481 during 1923. The number of administrations of general anaesthetics shows a further large increase to 378 from 283 during the preceding year.

TABLE IV., GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—		(2) Half-days devoted to:—		
(a) Inspected by the Dentist:		Inspection	43	
Aged:		Treatment	273	
Routine Age Groups	5. Nil	} Total 316		
	6. Nil			
	7. 1226			
	8. 1118			
	9. 618			
	10. 553	Total 4808		
	11. 417			
	12. 356			
13. 358				
14. 102				
Specials	444			
Grand Total	5252			
(b) Found to require treatment...		4054	(3) Attendances made by children for treatment	
(c) Actually treated		2729	3798	
(d) Re-treated during the year as the result of periodical examination		1749	(4) Fillings:—	
			Permanent teeth	1109
			Temporary teeth ...	Nil
			} Total 1109	
			(5) Extractions:—	
			Permanent teeth	491
			Temporary teeth	3688
			} Total 4179	
			(6) Administrations of general anaesthetics for extractions	
			378	
			(7) Other operations:—	
			Permanent teeth	Nil
			Temporary teeth ...	Nil
			} Total Nil	

Crippling Defects and Orthopaedics.—The arrangements for the treatment of crippling defects include the provision of special hospital beds, and the conduct of the Remedial Exercises Clinic. This clinic is staffed by a qualified masseuse and her assistants and is supervised by the School Medical Officer with the co-operation of Mr. T. P. McMurray, who pays quarterly visits as Consultant Orthopaedic Surgeon.

Mr. McMurray paid four visits during the year and examined 77 cases in attendance at the Remedial Exercises Clinic, together with 41 other cases, in which his opinion was desired by the Assistant School Medical Officer. Of the former, 13 cases were referred to hospital for operation, four cases were discharged, and 60 cases were recommended for continued treatment at the clinic; of the latter, 12 cases were referred to hospital for operation, 14 were put under treatment at the Remedial Exercises Clinic, 4 cases were discharged, and 11 cases were referred for other forms of treatment (alteration of splints, X-ray diagnosis, etc.).

At the time of the Surgeon's visit a representative of a firm of instrument makers is present to take instructions as to the special appliances ordered, and in the provision of these appliances the Liverpool Child Welfare Association continues to give valuable assistance.

The following table gives an account of the work done at the Remedial Exercises Clinic: the figures represent a decrease from the exceptionally high attendance of last year owing to a drop in the number of children attending for breathing exercises; this dropping of the minor cases was essential to the satisfactory conduct of the other work.

Disease.				No. of patients.	Discharged cured or much improved	Still attending.	Attendances	Left before treatment completed
Mouth Breathers	...	...	...	50	40	6	400	4
Deficient Chest Expansion	.	.	.	27	14	8	409	5
Round Shoulders	..	...	...	8	5	2	59	3
Kyphosis	...	...	.	16	9	5	293	2
Infantile Paralysis	...	...	...	55	2	45	1219	8
Rickets	...	...	...	39	2	30	336	7
Scoliosis	...	...	.	6	—	5	42	1
Recent Fractures	...	...	...	11	4	6	159	1
Various	...	...	...	43	11	24	654	8
Totals				255	85	131	3571	39

Parents' Payments for Medical Treatment—The revised scheme of parents' payments for medical treatment, with income scale and schedule of charges, as described in previous reports, remained in force, and during the calendar year 1924 the sum of £56 7s. 0d. was received, of which sum £39 19s. 0d. represented payments for dental treatment.

(g) Open-air Education—Review of the arrangements made for the provision of facilities for Open-air Education and of the results obtained.

No open-air school has been established by this Authority, but in view of the local action reported under this heading during the last two years as having been undertaken to secure freer air movement in the classrooms themselves, the following paragraph from a Report of the Chief Medical Officer of the Board of Education, published in November, 1924, is of interest:—

“What more is required of the school in regard to securing
 “*fresh air and sunlight* for the child? Many school buildings are
 “notoriously unsatisfactory in this respect. It is not only that
 “comparatively little progress has been made during the past ten
 “years, but our appreciation of the value of and need for sun-
 “shine and open-air for children has greatly advanced. The
 “deficiencies of many schools in these respects are relatively
 “serious. . . . However, there are few schools where a much
 “larger proportion of the existing window area could not be made
 “to open, or where the window area is not capable of enlargement.
 “In many others cross ventilation, in greater or less degree, could
 “be secured. *The ideal to aim at is that each classroom shall*
 “*be capable of being made into an open-air classroom.*”

Only one Holiday Camp was arranged this year, some twelve boys of the Linacre Council School enjoying, under unofficial arrangements, a week at Staithes, near Whitby. Mention, however, should be made of the visit of several parties to the Wembley Exhibition. The Balliol Council School (Boys' and Girls' Departments) and Christ Church (Boys') School sent parties for a number of days; and the Junior Technical School and the Boys' Secondary School also organised large parties. It may be assumed that if these excursions had not been arranged, there would have been visits to Holiday Camps in one or two other instances. The organisation of such camps entails considerable responsibility on the teachers, and it is interesting therefore to

note that in Denmark the various teachers' associations are responsible for a very extensive health movement, in the organised provision of country holidays for town scholars. The scholars are sent singly or in small groups to the homes of country people, who provide free board and lodging, the State Railway granting free passes. In 1922 it is stated that there were 56,000 elementary school children in Copenhagen, of whom 22,000 were placed with private families in the country, while about 3,000 spent their time in holiday camps started and supervised by the teachers. Such holidays give the town child a very useful insight into rural life, and in many instances are followed by the subsequent employment of the town child in a village or on a farm.

(h) Physical Training—Description of the arrangements for associating the School Medical Service with the Work of Physical Training in the Schools.

No formal arrangements for such association have been made, nor is there an area organiser of physical training, although the appointment of such an officer was urged at the end of the year by H.M. Inspector of Physical Training; the Education Committee noted the remarks of the Board's Inspector, but were of opinion that the present time was inopportune for an appointment. I am indebted to Mr. S. Clarke, Secretary for Education, for the following note on certain efforts to promote physical welfare not only by the ordinary school training, but by added outside activities:—

“ *Evening Play Centres*—Notwithstanding the curtailment of expenditure in other directions, the Education Committee decided early in 1924 to carry on the Evening Play Centres during the winter session of 1924-25 at three Council Schools. The Centres were opened in October, and have been attended to the full limit of possible arrangements. Some 400 children are attending each Centre. It is generally acknowledged that with the overcrowded condition of many of the homes, due to the house shortage, these Centres serve as a very happy relief, and undoubtedly give much enjoyment to the children.”

“ *School Sports*—In previous Reports particulars have been given in some detail of the many forms of athletic exercises organised for the scholars. Throughout the year interest has been well sustained. Football, Cricket, Rounders, and Netball Leagues have been well organised, and particular interest has

“ been displayed in Swimming. Nearly all the Schools had their
 “ annual Swimming Gala, and in September two very successful
 “ general Swimming Galas, for the boys and girls respectively,
 “ were held. Much credit is due to the Teachers’ Associations
 “ for the enthusiastic manner in which this phase of school
 “ life is sustained, particularly as much of the work
 “ connected therewith is done out of school hours. The Education
 “ Committee have shown their continued appreciation and interest
 “ in allowing a grant of £200 for expenditure on apparatus, etc.,
 “ connected with School Sports.”

(i) Provision of Meals—Description of the Arrangements for Associating the School Medical Service with the work undertaken by the Authority under the Provision of Meals Acts, 1906-1914.

During the year 40,415 meals were provided, compared with 43,146 in 1923. Distribution has, as in 1923, continued throughout the year inclusive of school holidays, and the average weekly supply of meals was 777 as contrasted with an average of 838 during 1923, and of 3,863 during the winter of 1914/15. The meals consist of breakfast in all cases with the addition of a mid-day meal in a small percentage. The arrangements are in the hands of the School Canteen Committee, of which the School Medical Officer is a member.

(j) Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies.

As in past years the attendance of parents at the inspections was invited, and 49·9 per cent. responded, as compared with 44·5 per cent. in 1923. At the examinations of the secondary scholars 35·1 per cent. of the parents attended.

The teaching staff, the Attendance Officers, the Liverpool Child Welfare Association, and the local branch of the National Society for the Prevention of Cruelty to Children, have continued to co-operate on the lines described in previous reports; and thanks are due to all for thus facilitating the task of discovering and of treating the various defects and ailments of the child population of the borough.

(k) Review of the Methods adopted for ascertaining and dealing with Children who are Defective within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893, and the Elementary Education (Defective and Epileptic Children) Acts, 1899 and 1914, and of the adequacy of such methods.

The register of such defective children has been kept up-to-date by the removal from it of children over school age, or of children who have died or left the district, and by the addition of new cases brought to light during the year's work.

BOARD OF EDUCATION.—TABLE III.
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
BLIND (including partially Blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	6	4	10
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	1	2	3
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools	12	20	32
		At other Institutions	—	—	—
		At no School or Institution ...	1	—	1
DEAF (including deaf and dumb and partially Deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	4	3	7
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	—	1	1
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	1	1	2
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
MENTALLY DEFECTIVE.	Feeble minded cases not notifiable to the Local Control Authority.	Attending Certified Schools for Mentally Defective Children	—	—	—
		Attending Public Elementary Schools	23	26	49
		At other Institutions	1	1	2
		At no School or Institution ...	4	6	10
	Notified to the Local Control Authority during the year.	Feeble minded	—	—	—
		Imbeciles	2	—	2
		Idiots	—	—	—

BOARD OF EDUCATION.—TABLE III.—*continued*.
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
EPILEPTICS.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	3	—	3
		In Institutions other than Certified Special Schools	—	1	1
		Attending Public Elementary Schools	—	—	—
		At no School or Institution ...	—	2	2
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	2	5	7
		At no School or Institution ...	—	—	—
PHYSICALLY DEFECTIVE.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At other Institutions	1	5	6
		At no School or Institution ...	2	4	6
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools ...	17	24	41
		At other Institutions	—	4	4
		At no School or Institution ...	4	5	9
	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.).	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools ...	37	24	61
		At other Institutions	2	5	7
		At no School or Institution ...	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	2	5
		At Public Elementary Schools ...	6	6	12
		At other Institutions	9	8	17
		At no School or Institution ...	—	6	6
	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ...	48	30	78
		At other Institutions	2	3	5
		At no School or Institution ...	4	7	11

Blind and Deaf Children.—The statutory period during which blind children must receive elementary education is from the age of five to sixteen years. There were ten children in attendance at Certified Schools for the Blind, but no fresh cases were dealt with during the year.

The question of special classes for children with seriously defective vision was discussed during the year, arising out of the application of a parent for the admission of a child to a Certified School for the Blind. The child suffered from a high degree of myopia (short sight), and since May, 1922, had been under the observation of the School Ophthalmic Surgeon, who reported that near work such as the use of ordinary school books would endanger his remaining powers of vision. Correction with glasses, however, improved the boy's vision to 6/36, i.e., to a point which probably placed him outside the definition of a blind child adopted by the Education Acts, viz., a child "who is unable to read the ordinary school books used by children," the distinction that it may be dangerous to read such books not being recognised by the Act. This seemed a case, therefore, pre-eminently suitable for special educational treatment, which would obviate on the one hand the admission of a sighted child to a Blind School, and, on the other hand, his nominal attendance, conferring little benefit, in the ordinary classes of the elementary school. Notes of similar, though less serious, cases were examined, and a certain number of names were collected with a view to the formation of a special class or classes, in which the use of reading books, exercise books, pens and pencils would be prohibited, and the question is at present under the Committee's consideration.

The statutory requirements in respect of deaf children call for education between the ages of 7 and 16 years. One child was certified for admission to a special school, and in December, 1924, there were six children maintained by the Authority in certified schools for the deaf.

Mentally Defective Children.—No special schools for the educable feeble-minded are provided by the Authority, nor are any cases sent outside the Borough for attendance at certified schools elsewhere. As shown in the Board's Table III., there are 61 ascertained feeble-minded children in the Borough of whom 7 are between the ages of fourteen and sixteen years, while 18 are in the special classes for the dull and backward which have been established. During the year two additional classes have been commenced, raising the total up to five. All the children in these special classes have been examined by me, and during the year 69 new cases were admitted, 37 were drafted back to the ordinary classes in the elementary schools, and at the end of the year the special classes contained 139 children.

(1) Statement of the work of the School Medical Service in connection with pupils in attendance at Secondary Schools, and the Junior Technical School.

Medical inspection of secondary scholars was continued during the year and a full examination was given to entrants, and to scholars aged 12 and 15 years, while children in the other age groups were re-examined to the extent deemed necessary from their previous record; under this scheme 241 boys and 157 girls were examined, and 169 boys and 190 girls were re-examined.

A statement of the defects found is entered in Table II. (Higher Education) below; there it will seen that 201 children were referred for treatment and 47 for further observation, and that dental disease and refractive errors contributed the greater part of these references. At the re-examination of these defects, after an interval of several months, 159 were found to have received treatment, for the most part through private practitioners, although a few were dealt with at hospitals or the School Clinic.

At the Junior Technical School, which receives boys at the age of 13½ years and gives them a special training up to the age of 16 years, 60 boys were medically inspected, of whom 19 were referred for treatment of defects set out in the table below; 29 re-examinations were done, and 10 cases were noted as having received treatment.

Reference may be made here to the fact that in accordance with the provisions of the Education Act, 1921, and the Blind Persons Act, 1920, ten blind adults were receiving technical training at the cost of the Local Education Authority in Liverpool Institutions for the Blind.

TABLE II.—HIGHER EDUCATION.

B.—NUMBER OF *Individual Children* FOUND AT ROUTINE MEDICAL INSPECTIONS TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment.	
(1)	(2)	(3)	(4)
Secondary School for Boys	241	53	21·9
" " for Girls	157	36	22·9
Junior Technical School	60	12	20·0
Total	458	101	22·0
Other Routine Inspections	—	—	—

TABLE II.—HIGHER EDUCATION.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1924.

					SECONDARY SCHOOL.		JUNIOR TECHNICAL SCHOOL.	
					No. of Defects.		No. of Defects.	
DEFECT OR DISEASE					Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Skin —	Malnutrition				—	5	—	—
	Uncleanliness : (See Table IV., Group V.)				—	—	—	—
	{	Ringworm :			—	—	—	—
		Scalp			—	—	—	—
		Body			—	—	1	—
		Scabies			1	—	—	—
Impetigo			—	—	—	—		
Eye —	Other Diseases (Non-Tuberculous)				5	1	—	—
	{	Blepharitis			—	—	—	—
		Conjunctivitis			—	1	—	—
		Keratitis			—	—	—	—
		Corneal Opacities			—	—	—	—
		Defective Vision (excluding Squint)			34	14	9	—
Ear	Squint				2	1	—	—
	{	Other Conditions			—	—	—	—
		Defective Hearing			4	1	1	—
		Otitis Media			—	3	2	—
		Other Ear Diseases			35	—	—	—
		Enlarged Tonsils only			2	18	—	—
Nose and Throat	Adenoids only				—	—	1	—
	{	Enlarged Tonsils and Adenoids			—	1	—	—
		Other Conditions			6	10	—	—
		Enlarged Cervical Glands (Non-Tuberculous)			—	6	—	—
		Defective Speech			—	1	—	—
		Dental Diseases			135	—	8	—
Heart and Circulation	Heart Disease :				—	3	—	—
	{	Organic			—	8	—	—
		Functional			1	18	—	—
		Anæmia			2	—	—	—
Lungs	Bronchitis				1	4	—	—
	Other Non-Tuberculous Diseases				—	8	—	—
Tuber- culosis	Pulmonary :				—	—	—	—
	{	Definite			—	—	—	—
		Suspected			—	—	—	—
	{	Non-Pulmonary :			—	—	—	—
		Glands			—	—	—	—
		Spine			—	—	—	—
		Hip			—	—	—	—
		Other Bones and Joints			—	—	—	—
Nervous System	Skin				—	—	—	—
	{	Other Forms			—	—	—	—
		Epilepsy			—	—	—	—
		Chorea			—	—	—	—
Deformities	Other Conditions				—	1	—	—
	{	Rickets			—	—	—	—
		Spinal Curvature			1	2	—	—
		Other Forms			4	5	—	—
Other Defects and Diseases				4	13	—	—	

(m) Conditions of Employment of Children and Young Persons.

Children over 12 years of age engaged in work out of school hours have been examined by the Assistant School Medical Officer in accordance with the byelaws made under the Education Act, 1918, the decision as to fitness for employment being made after consideration of the full medical record.

Twenty children between the ages of 12 and 14, and thirteen between the ages of 14 and 16 years engaged in street trading were also examined; the required medical certificate was withheld in one case. Two children between the ages of 12 and 14 were examined as to fitness for undertaking dancing or similar employment in places of entertainment; and the necessary certificate was granted in each case.

(n) Miscellaneous Work.

Special work was undertaken during the year in addition to the ordinary work of routine and special inspection and re-inspection, including the examination of the following:—

- 3 student teachers.
- 65 scholarship candidates.
- 34 children as to fitness for employment.
- 180 children as to fitness to proceed to the Wembley Exhibition.
- 127 children as to fitness for "dull and backward" classes.
- 4 children for classification in accordance with the definitions of the Mental Deficiency Act.

(o) Deaths of School Children.

The deaths of 40 children of school age occurred during the year, as contrasted with 34 during 1923; included are 16 from tuberculosis, 4 from rheumatic fever, 2 from scarlet fever, 2 from measles, 2 from accidents, 1 from diphtheria, 1 from influenza, 1 from whooping cough, 1 from pneumonia, 1 from nephritis, and 1 from heart disease.

